

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

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A Public Document

1. Agency Name

John Muir Middle

Division, Department, or Region (if applicable)

Melissa Urban Teacher

Designated Agency Contact (Name, Title)

Area Code/Phone Number

408-535-6281

E-mail

MUrban@SSUSD.org

San Jose State
Date Stamp
Feb 7 2019 AM 10:40

California Form 802

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 25

Event Description: Hockey

Provide Title/Explanation

Date(s) 2, 2, 19 2, 2, 19

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: _____

Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u>John Muir Families</u>	<u>8</u>	<u>To reward students</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

MUrban
Signature of Agency Head or Designee

Melissa Urban Teacher
Print Name

2/5/19
Title

2/5/19
(month, day, year)

Comment: _____